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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				Docket Number (Optional) 04703/0203784-US0	
Application Number 10/565,497-Conf. #7321				Filed	September 12; 2006
For	CASEIN HYDROLY	ZATE, PROCESS FOR F	PRODUCING THE S	SAME AND USE	THEREOF
Art Unit 1651				Examiner	A. J. Kosar
This is applica		provisions of 37 CFR 1.136	(a) to extend the period	od for filing a reply	y in the above identified
The re	quested extension an	d fee are as follows (check	time period desired a	and enter the appi	ropriate fee below):
			<u>Fee</u>	Small Entity I	Fee
	One month (3	7 CFR 1.17(a)(1))	\$130	\$65	\$
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
	X Three months	(37 CFR 1.17(a)(3))	\$1110	\$555	\$1,110.00
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
	Applicant claims sm	nall entity status. See 37 (CFR 1 27		
\mathbb{H}	• •	•			
A check in the amount of the fee is enclosed.					
	Payment by credit card. Form PTO-2038 is attached.				
X The Director has already been authorized to charge fees in this application to a Deposit Account.					
X	The Director is here Deposit Account No	-	iny fees which may	be required, or c	redit any overpayment, to
	•	on on this form may become	· public. Credit card inf	ormation should n	ot be included on this form.
		formation and authorization	on PTO-2038.		
I am the applicant/inventor.					
		nee of record of the entire Statement under 37 CFR			i/96).
	X attorn	ey or agent of record. Re	gistration Number	25,351	<u> </u>
	attorn	ey or agent under 37 CFF	R 1.34.		
		egistration number if acting u	nder 37 CFR 1.34		
	411.1	Jay P. Lessler	Res. No. 41, 151	for on	ctober 6, 2009
_		Signature			Date
_	/ S. Peter Ludwig			(212) 527-7700	
	Т	yped or printed name		Tele	ephone Number
	FE: Signatures of all the invention one signature is required, s	entors or assignees of record of the ee below.	entire interest or their repre	esentative(s) are requir	ed. Submit multiple forms if more
	Total of	1 forms are subr	nitted.		

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